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Review of the problem of human immunodeficiency virus/acquired immunodeficiency syndrome in all its aspects

Letter dated 17 May 2001 from the Permanent Representative of Sweden to the United Nations addressed to the Secretary-General

I have the honour to draw your attention to the resolution entitled "Programme for Action: Accelerated action on HIV/AIDS, malaria and tuberculosis in the context of poverty reduction", published on 15 May 2001 by the Presidency of the European Union on behalf of the European Union (see annex).*

I should be grateful if you would have the text of this letter and its annex circulated as a document of the General Assembly.

(*Signed*) Pierre **Schori**
Permanent Representative of Sweden to the United Nations

* The annex is being circulated in the languages of submission only (English, French and Spanish).

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Annex to the letter dated 17 May 2001 from the Permanent Representative of Sweden to the United Nations addressed to the Secretary-General

[Original: English, French and Spanish]

Resolution
Programme for Action: Accelerated action on HIV/AIDS, Malaria and Tuberculosis in the context of poverty reduction

I. Introduction

1. The Council recalls its joint declaration with the Commission of 10 November 2000[1], which stated that the principal aim of EC development policy is to reduce poverty with a view to its eventual eradication. The declaration recognised the complexity of poverty and, noting in particular the global dimension and impact on poverty of communicable diseases, called for accelerated action by the Community and the Member States.

2. The Council also recalls its Regulation of 24 March 1997[2] on HIV/AIDS-related operations in developing countries, as well as its Regulation of 22 July 1997[3] on aid for population policies and programmes in developing countries. It further recalls the Commission communication of 1998[4] on increased solidarity to confront AIDS and the Commission communication of September 2000[5] on accelerated action targeted at major communicable diseases in the context of poverty reduction followed by the Council resolution of 10 November 2000 on communicable diseases and poverty [6] and the conclusions by the European Council in Nice[7].

3. The Council stresses the need for continued EC and EU commitments in view of the urgency of the fight against communicable diseases and in the context of upcoming international events such as the World Health Assembly, the Conference on the Least Developed Countries, the Special Session of the United Nations General Assembly on HIV/AIDS, the EU-US Summit, the G8 Summit, the Conference in Dakar on access to treatment for people affected by HIV/AIDS and others, and calls for strong cooperation with governments and international organisations.

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[1] Document 13458/00.
[2] OJ L85 p.1 of 27 March 1997.
[3] OJ L202 p.1 of 30 July 1997.
[4] Document 10298/98.
[5] Document 11901/00.
[6] Document 13127/00, annex II.
[7] Document 4820/00.

II. Framework for accelerated action

4. The Council warmly welcomes the Commission communication on a Programme for Action on accelerated action on HIV/AIDS, malaria and tuberculosis in the context of poverty reduction[8] aimed at increasing the impact of existing interventions to prevent and treat communicable disease; at improving the affordability of key pharmaceuticals; and at supporting research and development of specific global public goods to confront these diseases in developing countries. It believes that the Programme for Action represents an ambitious, timely and appropriate framework for priority action by the Community and Member States over the next five years.

5. The Council welcomes the Commission's comprehensive multisectoral approach to tackling HIV/AIDS, tuberculosis and malaria and emphasises that the different elements - impact, affordability and research - are interdependent essential parts of a coherent programme covering development co-operation, health, trade and research. It agrees that national, regional and global actions are essential to combat communicable diseases and emphasises that the Community must work closely with Member States and major third partners, including international organisations, in the implementation and further elaboration of the Programme for Action.

III. The Programme for Action

Improving impact

6. The Council stresses that Community support should be provided within the framework of partner countries' strategies, such as Poverty Reduction Strategy Papers (PRSPs) and by applying the Country Strategy Framework. It also emphasises the need to strengthen national health systems and to provide financial and other support through such systems in order to ensure that developing countries own and lead the process of tackling HIV/AIDS, malaria and tuberculosis. The Council recalls the intention to provide support in the social sectors increasingly through sectoral programmes. The Council, therefore, welcomes the basic principles for Health, AIDS and Population (HAP) presented in the Communication.

7. Recognising the close link between prevention and treatment, the Council further stresses that prevention is a key priority for the Community, as is support for the development of sustainable equitable health systems.

8. The Council stresses the need for capacity building of both public and private entities in partner countries. Such support would, *inter alia*, be directed towards the elaboration of appropriate laws and regulations, the establishment of appropriate institutional structures and for the development of human resources.

[8] Document 6802/01.

9. The Council welcomes the Commission's intention to support the strengthening of pharmaceutical policies and practises in partner countries. It emphasises the willingness of the EC to support the efforts of partner countries to develop high-quality local production capacities.

10. The Council encourages increased and more efficient resource transfer to comprehensive health and development efforts in partner countries.

11. The Council emphasises the role to be played by health education and stresses the necessity of addressing gender and child specific needs.

12. The Council also emphasises the need to work closely with multilateral and bilateral partners to address the above issues.

Affordability of pharmaceuticals

13. The Council recognises that lack of affordable pharmaceuticals is a serious problem in many developing countries and especially for the poorest people. Effective solutions require international co-operation and the participation of both public and private sectors in developed and developing countries. The Council, therefore, calls for the full participation of all stakeholders, including both the R&D based and generic pharmaceutical industry, in taking the necessary measures to grant affordable access to medicine.

14. The Council agrees on the Commission's calls for a much broader application of effective global tiered pricing for the benefit of affected developing countries. This requires close cooperation with all interested parties, including the pharmaceutical industry and developing countries, international organisations as well as with the US, Japan and other developed countries and the setting up of mechanisms to make such a system operational. The Council underlines the need to reinforce safeguards against the diversion of low-priced pharmaceuticals destined for specific markets and price erosion in the markets of developed countries.

15. The Council stresses the importance of further addressing other factors, such as tariffs and taxes, which reduce access to medicines in developing countries. When possible, such costs and fees should be abolished or decreased.

16. The Council stresses the importance of global rules on intellectual property rights in promoting investments in new medicines. The Council also recalls the right of the members of the World Trade Organisation (WTO) to invoke the relevant provisions of the Agreement on Trade-Related Intellectual Property Rights (TRIPS) to address national health policy concerns. The Council recalls the possibility under the TRIPS Agreement to address health concerns, by *inter alia*, applying discretion to issue compulsory licenses in certain exceptional circumstances including the protection of public health, provided the conditions of Article 31 of the TRIPS Agreement are fulfilled. The Council welcomes the discussion that will take place at the WTO TRIPS Council meeting in June 2001 on intellectual property issues relevant to access to medicines and supports the intention by the Commission to engage in a consensus-building process on the links between public health protection and the TRIPS Agreement.

17. In order to ensure that developing countries are able to make full use of the opportunities provided for under the TRIPS Agreement, the Council stresses the need for technical assistance for capacity building. In addition international co-operation and partnerships with international organisations active in this field should be deepened.

18. The Council supports the Commission's intention to examine what initiatives need to be taken within organisations such as the WTO, the World Health Organisation (WHO) and the World Intellectual Property Organisation (WIPO) to ensure consistency between the TRIPS Agreement and legitimate public health concerns, and to report its findings to the Council.

Research and Development

19. The Council welcomes the commitment to strengthen and increase financial support for research and development. It agrees on the need both to strengthen capacity in developing countries and to provide incentives for the development of specific global public goods, such as new treatments and vaccines. The Council emphasises the need for increased dialogue and coordination of Community and Member States' R&D efforts (including on clinical trials), as well as for increased co-operation with developing countries, international institutions and agencies. It also encourages strengthened co-operation with international R&D initiatives such as IAVI (International AIDS Vaccine Initiative), EMVI (European Malaria Vaccine Initiative), AMVTN (African Malaria Vaccine Trial Network) and GATB (Global Alliance for Tuberculosis drugs development).

20. The Council notes that in spite of the fact that most of the essential and key pharmaceuticals are off-patent, few developing countries have sufficient capacity to manufacture them. Interested parties, especially the pharmaceutical industry (both R&D based and generic), and developing country partners should be encouraged to promote viable and sustainable local production for national or regional markets, aiming at technology transfer.

21. The Council looks forward to the forthcoming Commission research and development strategy and its focus on global public goods to confront HIV/AIDS, malaria and tuberculosis.

Participation in global partnerships

22. With a view to intensifying the fight against HIV/AIDS, malaria and tuberculosis, the Council welcomes the intention by the Commission to reinforce co-operative arrangements with the Member States, WHO, UNAIDS, the World Bank, and other international actors both from public and private sectors (e.g., Global Alliance for Vaccines and Immunisation (GAVI)). These arrangements should also benefit initiatives taken at regional and national levels. It calls on the Commission to work jointly with all partners to develop credible and more responsive global financing mechanisms in the efforts to combat HIV/AIDS, malaria, tuberculosis and major childhood diseases. It encourages close cooperation in the framework of the New Transatlantic Agenda and in the context of the G8 discussions.

23. The Council welcomes the proposed action with regard to untying aid for the procurement of certain products and services.

IV. Follow-up

24. The Council recommends that the Commission, within the overall Programme of Action on the EC's Development Policy, include the principal elements of the Programme for Action for accelerated action on HIV/AIDS, malaria and tuberculosis in the context of poverty reduction. It calls on the Commission to monitor progress, using verifiable indicators, and to ensure transparency.

25. The Council calls on the Commission, as a matter of urgency, to finalise specific work-plans and to put in place the necessary operational arrangements and partnerships, with a view to clarifying the modalities and details of interventions, financial resources, timelines and expected outcomes including indicators.

26. The Council further calls on the Commission to ensure that adequate and appropriate human and financial resources are in place to enable the timely and effective implementation of this Programme for Action over the coming years.

27. Furthermore, the Council calls on the Commission to report on progress in its Annual Report on Community Development Policy, starting with a review of the start-up phase in the 2001 Report.